

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006013

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 264

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Handley Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2401 W. Grand</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Frank</u> Last <u>Goodrick</u>		4. DATE OF DEATH Month <u>February</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-29-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	
11. BIRTHPLACE (City and state or country) <u>Same, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Benjamin Goodrick</u>		13b. MOTHER'S MAIDEN NAME <u>Mandy Holland</u>	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of -----) <u>No</u>	
16. SOCIAL SECURITY NO. <u>38</u>		17. INFORMANT Address <u>Ms. John East, Brookline, Ma.</u>	
18. CAUSE OF DEATH (Enter only one cause per item 18. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <u>Cerebrovascular Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:15</u> a.m. <u>h.</u> Month <u>1-14</u> Day <u>63</u> Year <u>63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Shofld.</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Springfield Missouri</u>	
21. I attended the deceased from <u>1-14-63</u> to <u>2-18-63</u> and last saw her alive on <u>2-18-63</u> Death occurred at <u>6:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Lyman D. Brown M.D.</u>		22b. ADDRESS <u>311 1/2 College</u>	
22c. DATE SIGNED <u>9/1/63</u>		23. BURNAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2-20-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Springfield Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Chapel of the Ozarks, Missouri.</u>	
25. DATE RECD. BY LOCAL REG. <u>Mar 5 1963</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Hal Roger Duff, Student Embalmer No. 677

working under my personal supervision.

Student

Hal R. Duff
Signature of Student Embalmer

Signed

Donavon Polak

Licensed Embalmer No. 5159

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 2-20-63